SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

 $\mathbb{S}$ 22 2012 

Refund: Permit #: Amount Paid: \$ F.6 CHIERED

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

					☐ Municipal Use				Commercial Use				X Residential Use			Proposed Use	7	Proposed Construction:	Existing Structure				,	\$40,000	•	I i i i i i i i i i i i i i i i i i i i	Value at Time of Completion * include donated time &	□ Non-Shoreland		□ Snoreland —		Section	- 1	NE <sub>1/4,</sub>	PROJECT LOCATION	Ann M.	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	NA	Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED	יל דוגעממל חל חל דיני
-	4		⊠ Spi	☐ Ac		□ Ad		□ Bu	Use				Jse	-	Re 7	) •		ction:	: (if permit being ap	A COLONGE	Property	☐ Run a Business on	Relocate (existing bldg)		☐ Addition/Alteration	☐ New Construction	Project (What are you applying for)			☐ is Property/Land	X is Property/Lan Creek or Landwar	O()24Township	1	SE 1/4	Legal Description:	. Michalski	erson Signing Application	oningal)		M. OCC	_		3
TIMES TO OFFICE TO THE TOTAL THE TOT	Other: (explain)		Special Use: (explain) B	cessory Building Addit		Addition/Alteration (sp	Mobile Home (manufactured date)	nkhouse w/ (□ sanitary	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch		Principal Structure (Tirst Residence (i.e. cabin, hui				Existing Structure: (if permit being applied for is relevant to it)	***************************************	Foundation				Š	ion 1-Story	# of Stories and/or basement			☐ Is Property/Land within 1000 feet of Lake,	d within 300 feet of Rive	N, Range UD		Gov't Lot Lot(s)	(Use Tax Statement)		on behalf of Owner(s))			County		LAND USE SAN	
A COURT OF THE PARTY OF THE PAR			Bridge access to west side for	Accessory Building Addition/Alteration (specify)	(specify)	(specify)	red date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters,	ed Garage	ick	A CONTRACTOR OF THE PROPERTY O	rch			Residence (i.e. cabin, hunting shack, etc.)	rioposed su detale	Dronospd Structi	Length: 40'	Length:		<u> </u>	ent		_   .	¥	☐ Seasonal	s lent Use		3	Pond or Flowage	X is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain?  If yes—continue —	Bar	Town of	CSM Vol & Page V. 1018 P. 746 318	04- Cc 2-2-48-05-32-3	421	Agent Phone:	Contractor Phone:		City/State/Zip:	TIMO Cloveto	Mailing Address:	
			125t side to	)			ACCUMENTAL CONTRACTOR	or ] cooking &							معمدسسا وارداد والمناودة	). // c	5	2'				□ None		- 1	- 1	_ <b>1</b>	# of bedrooms			Distance Struc	Distance Structure	Barksdale	Ī	Lot(s) No.	32-3 02-000	N15625 WILLOW Rd.	Agent Mailing Address (include	Plumber:		2	7 Q	City/s	
		0	ir logajna.			A STATE OF THE STA		food prep facilities)	The state of the s	The same of the sa			E					Width: //o			Compost Follet	1		☐ Sanitary (Exists) Specify Type:	□ (New) Sanitary	☐ Municipal/City	Sew Is			Distance Structure is from Shoreline:	ture is from Shoreline : $12$ fee			Blóck(s) No.	-10000	1-	lress (include City/S					City/State/Zin:	
		_	^	 (	(	_		s)		_	_	_					<b>7</b>	2 '			let	/service cont	or Vault	ists) Specifi	ary Specify Type:	ity	What Type of Sewer/Sanitary System Is on the property?		leer.	<del>-</del>	<b>A</b>		Lot Size	Subdivision:	Volume 1018	Park talls, WI	City/State/Zip):			֖֖֖֖֖֖֖֓֞֝֟֝֟֝ ֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֩֞֞֞֞֞֞֞֞֩֞֞֞	$\tilde{U}$		
	x )	×	× )	×	х )	×	×	×	×	×	× )	×	×	×	× >	Y	mencions	Height:	Height:			tract)	Vaulted (min 200 gallon)	y Type:	·Type:		of System serty?		) ii	▼ □ Yes	ls Property in Floodplain Zone?	08	Acre		) 18	15	- 1	Plumbe	970-209	Cell Phone:		Telephone:	
		***************************************	640												emphamping and the state of the	Footage	Square	0,5					llon)			□ City	Water		2		Are Wetlands Present?	80 acres	age	**************************************	Page(s) 7463 8	ed No	Written Authorization	Plumber Phone:	209-6954	one:	Ċ	Bhone:	

Authorized Agent:

Address to send permit

Date

10/15/12

Date

MEN 75 A. FROW The had WATER  SEPECTOR Hold For TBA KALLE Hold For	Dar-(CB') Linsp onditions Attached? Fix MAJAZET)	y Created X Yes I No NA  Nellineated Yes I No	Is Parcel in Common Ownership    Yes (Fused/Contiguous Lot(s))	Permit Date: (Deed of Record)	Issuance Information (County Use Only)  Permit Denied (Date):  Reason for Denial:	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W), NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The Jocal Town, Village, City, State or Federal agencies may also require permits.	other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previous	Setback to Septic Tank or Holding Iank  Setback to Drain Field  Setback to Privy (Portable, Composting)  Setback to Privy (Portable, Composting)  Feet   Fee	West Lot Line 1442 East Lot Line 1152		from the Centerline of Platted Road Feet from the Established Right-of-Way Feet	(8) Setbacks: (measured to the closest point)  Description  Measurement	complete (1) (7) above (prior to continuing)		See attached	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (S) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%
Affidavit:   Hold For Fees:	CHEMENTAL AFT	l by Owner y Surveyed		⊔Yes K,No	# of bedrooms:	), Septic Tank (ST), Drain field (DF), Holding Tank (F n the Date of Issuance if Construction or Use has not I Municipalities Are Required To Enforce The Uniform Federal agencies may also require permits.	the minimum required setback, the boundary line from which the setb e of a corrected compass from a known corner within 500 feet of the pt	ne setback must be measured must be	Setback from 20% Slope Area Elevation of Floodplain Cotback to Well	Setback from Wetland	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek	Description	Changes in plans must be approved		sdrum)	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Date of Approval:	Date of Re-Inspection:  GHYUZED, STEDED HOW STATINE AND TEANON MEA		avit Attached │ □ Yes	Affidavit Required   Yes KNo	Sanitary Date:	HT), <u>Privy (P)</u> , and <u>Well (W).</u> begun. Dwelling Code.	back must be measured must be visible from roposed site of the structure, or must be	visible from one previously surveyed corner to the	⊘ Feet Feet		nark) Feet	Measurement	ed by the Planning & Zoning Dept.			*) Privy (P)